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|--|--|--------------------------|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |  | Docket Number (Optional) |  |
| <b>FY 2009</b><br><small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small> |  | 02558B-063710US          |  |
| Application Number 10/828,846  |  | Filed April 20, 2004     |  |
| For PATTERN RECOGNITION METHOD FOR DIAGNOSIS OF SYSTEMIC AUTOIMMUNE DISEASES                               |  |                          |  |
| Art Unit 1631  |  | Examiner Pablo S. Whaley |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | <u>Fee</u> | <u>Small Entity Fee</u> |               |
|--|------------|-------------------------|---------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$130      | \$65                    | \$ _____      |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$490      | \$245                   | \$ _____      |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110     | \$555                   | \$ 1110 _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$1730     | \$865                   | \$ _____      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$2350     | \$1175                  | \$ _____      |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.


**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 41,797

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature

August 19, 2009  
 \_\_\_\_\_  
 Date

Gerald T. Gray, Reg. No. 41,797  
 \_\_\_\_\_  
 Typed or printed name

(925) 472-5000  
 \_\_\_\_\_  
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.